

LEGAL NAME (AS SHOWN ON VEHICLE CERTIFICATES OF TITLE)

COMPLETE ALL NUMBERS BELOW THAT APPLY:

MO DOT NUMBER

E-MAIL ADDRESS

MAILING ADDRESS

US DOT NUMBER

ſ	FORM	FLEET NUMBER		☐ NEW FLEET			
l	1271			ADD VEHICLES			
l	4374	TELEPHONE NUMBER		FAX NUMBER			
	(REV. 8-2009)	((
		REGISTRATION CYCLE ANNUAL BIENNIAL Registration cycle will be applied to all fleet registration applicable to fleet company.					
		REQUESTING NAME/LOGO ON PLATE YES NO Companies wishing to display fleet plates with company name or logo will be required to pay an initial \$5.00 per registration.					
	FEDERAL EMP	PLOYEE ID NUMBER	DLN				

You must own **10 or more** motor vehicles to qualify as a fleet vehicle owner. All motor vehicles **must** be titled in the exact same name as shown above. Trailers cannot be registered as fleet vehicles. **List below the motor vehicles to be registered in your fleet.** (Print/copy this form to attach additional sheets, if necessary)

shee	sheets, if necessary)							
	TITLE NUMBER	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	CURRENT PLATE NUMBER			
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If you are requesting your company logo or name on your fleet plates, you will need to submit a \$5.00 fleet logo fee per vehicle at the time of application. The fees may be submitted in a check payable to the Department of Revenue or by credit card. Complete the following information to have the fees charged to your credit card. A service fee will apply.

TYPE OF CREDIT CARD	CREDIT CARD NUMBER	EXPIRATION DATE /			
NAME AS SHOWN ON CREDIT CARD	AUTHORIZED SIGNATURE	DATE / /			
I certify under penalty of perjury that the facts provided herein or in conjunction with this application are true to the best of my knowledge					

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SIGNATURE OF OWNER/REPRESENTATIVE